

<i>SERFF Tracking Number:</i>	<i>GPML-126888902</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Government Personnel Mutual Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47421</i>
<i>Company Tracking Number:</i>	<i>59R TERM10</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Secure Protector 2010</i>		
<i>Project Name/Number:</i>	<i>Secure Protector 2010/Secure Protector 2010</i>		

Filing at a Glance

Company: Government Personnel Mutual Life Insurance Company

Product Name: Secure Protector 2010

SERFF Tr Num: GPML-126888902 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-Closed
State Tr Num: 47421

Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Co Tr Num: 59R TERM10

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Linda Boydston, Norma Castillo

Disposition Date: 12/02/2010

Date Submitted: 11/30/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Secure Protector 2010

Project Number: Secure Protector 2010

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Pending authorization in state of Texas.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 12/02/2010

Explanation for Other Group Market Type:

State Status Changed: 12/02/2010

Deemer Date:

Created By: Norma Castillo

Submitted By: Linda Boydston

Corresponding Filing Tracking Number:

Filing Description:

This filing contains no unusual or controversial items from normal Company or industry standards.

For 59R TERM10- Ten Year Level Term Renewable to Age 70 Indeterminate Premium Life Insurance Policy with Premium Adjustment Provision. This product provides renewable ten year level term insurance coverage during the

SERFF Tracking Number: GPML-126888902 State: Arkansas
Filing Company: Government Personnel Mutual Life Insurance State Tracking Number: 47421
Company
Company Tracking Number: 59R TERM10
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Secure Protector 2010
Project Name/Number: Secure Protector 2010/Secure Protector 2010

lifetime of the Insured until the policy anniversary following the Insured's 70th birthday. Premiums are payable during the lifetime of the Insured until the policy anniversary following the Insured's 70th birthday and are guaranteed. Conversion allowed at the end of each 10 year term period but not later than Attained Age 60. Issue ages: 18-60. Minimum specified amount: \$25,000. Reserves are based on the 2001 CSO Male/Female, Smoker/Nonsmoker, Age last birthday mortality table. Continuous functions are used. Non-Illustrated.

SP10 - Life Application.

Actuarial Memorandum is included in this filing. Appropriate information regarding (1) effective year, (2) amount of policy, (3) premium, and (4) termination date will be printed by computer on Page 3 (Schedule Page).

The application form will be made available on our website so it may be printed by our agents and sent to us. We will require physical signatures and will not accept electronic signatures.

The forms are a new submission. They have not previously been disapproved and are not intended to supersede forms previously submitted but not yet approved. These forms are in final print format; however we reserve the right to change the format of the forms due to technological advances.

Company and Contact

Filing Contact Information

Norma Castillo, Regulatory Filing Assistant anc@gpmlife.com
2211 N.E. Loop 410 800-938-4765 [Phone] 2724 [Ext]
P.O. Box 659567 210-357-6722 [FAX]
San Antonio, TX 78217

Filing Company Information

Government Personnel Mutual Life Insurance CoCode: 63967 State of Domicile: Texas
Company
2211 N.E. Loop 410 Group Code: Company Type: LAH
P.O. Box 659567 Group Name: State ID Number:
San Antonio, TX 78217 FEIN Number: 74-0651020
(800) 938-4765 ext. 2814[Phone]

Filing Fees

SERFF Tracking Number:	GPML-126888902	State:	Arkansas
Filing Company:	Government Personnel Mutual Life Insurance Company	State Tracking Number:	47421
Company Tracking Number:	59R TERM10		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name:	Secure Protector 2010		
Project Name/Number:	Secure Protector 2010/Secure Protector 2010		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Government Personnel Mutual Life Insurance Company	\$200.00	11/30/2010	42456385

SERFF Tracking Number:	GPML-126888902	State:	Arkansas
Filing Company:	Government Personnel Mutual Life Insurance Company	State Tracking Number:	47421
Company Tracking Number:	59R TERM10		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name:	Secure Protector 2010		
Project Name/Number:	Secure Protector 2010/Secure Protector 2010		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/02/2010	12/02/2010

<i>SERFF Tracking Number:</i>	<i>GPML-126888902</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Government Personnel Mutual Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47421</i>
<i>Company Tracking Number:</i>	<i>59R TERM10</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Secure Protector 2010</i>		
<i>Project Name/Number:</i>	<i>Secure Protector 2010/Secure Protector 2010</i>		

Disposition

Disposition Date: 12/02/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GPML-126888902 State: Arkansas

Filing Company: Government Personnel Mutual Life Insurance State Tracking Number: 47421
Company

Company Tracking Number: 59R TERM10

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Secure Protector 2010

Project Name/Number: Secure Protector 2010/Secure Protector 2010

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Sample SPCB		Yes
Form	Ten Year Level Term to Age 70		Yes
Form	Life Application		Yes

SERFF Tracking Number: GPML-126888902 State: Arkansas

Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 47421

Company Tracking Number: 59R TERM10

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Secure Protector 2010

Project Name/Number: Secure Protector 2010/Secure Protector 2010

Form Schedule

Lead Form Number: 59R TERM10

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	59R TERM10	Policy/Cont	Ten Year Level Term Initial ract/Fratern to Age 70 al Certificate			55.700	59R TERM10-AR.pdf
	SP10	Application/	Life Application Enrollment Form	Initial		55.700	SP10.pdf

Government Personnel Mutual Life Insurance Company

San Antonio, Texas

(CALLED "GPM" IN THIS POLICY)



GPM will pay the benefits provided in this policy subject to its terms and conditions.

30 DAY RIGHT TO EXAMINE POLICY. It is important to Us that You are satisfied with this Policy. If You are not satisfied, You may return the Policy to Our Home Office or to Your agent within 30 days after You receive it. We will refund all the premium You have paid. The Policy will be deemed void from the Policy Date.

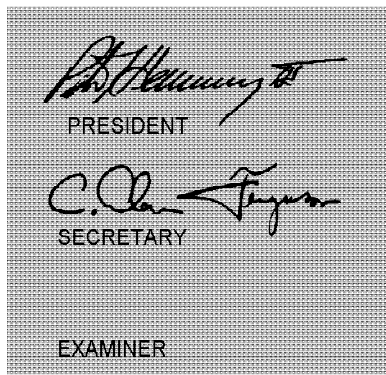
SIGNED BY GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY at its Home Office at 2211 NE Loop 410, San Antonio, Texas 78217 as of the Policy Date.

PLEASE EXAMINE THIS POLICY CAREFULLY.

This is a legal contract between You and GPM Life.

For Policyowner Service or Claim Information Call:

1-800-929-4765

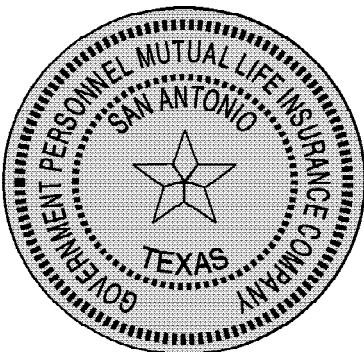


PRESIDENT

SECRETARY

EXAMINER

Ten Year Level Term Renewable to Age 70 Indeterminate Premium Life Insurance Policy With Premium Adjustment Provision.
Conversion Period, Final Renewal Date, Specified on Schedule Page. Premiums Payable To Date of Expiry. Insurance Proceeds Payable at Death Prior to Date of Expiry. Participating. We do not expect to pay any dividends on this Policy.



POLICY NUMBER:

[000900050]

POLICY DATE:

[January 1, 2010]

NAME OF INSURED:

[John Doe]

**SUM
INSURED:**

[\$25,000]

GUIDE TO POLICY CONTENTS

	Page
GENERAL PROVISIONS -----	5
Definitions	
Consideration	
Entire Policy	
Policy Changes	
Ownership	
Assignment	
BENEFIT PROVISIONS -----	7
Insurance Proceeds	
Beneficiary	
Right to Contest	
Suicide	
Age or Sex Misstatement	
PREMIUM PROVISIONS -----	8
Mode of Payment	
Grace Period	
Reinstatement	
Premium Deposit Fund	
DIVIDEND PROVISIONS -----	9
Annual Determination	
Dividend Options	
CONVERSION PROVISIONS -----	9
PREMIUM ADJUSTMENT PROVISIONS -----	10
SETTLEMENT PROVISIONS -----	10
BASIS OF VALUES -----	14
A copy of the Application and any Endorsements or Riders follows page 15.	

SCHEDULE PAGE

PLAN	COVERAGE DESCRIPTION	SUM INSURED	POLICY CLASS	INITIAL ANNUAL PREMIUM	BENEFIT CEASES*
[CITY10	Renewable Term to 70 10 Yr Term	\$25,000	100% Standard No Tobacco]	\$97.50	2045
<p>* if renewed to Attained Age 70.</p> <p>FIRST PREMIUM ADJUSTMENT DATE: [January 1, 2020]</p> <p>Your Premium Amount is Guaranteed for the first 10 years. It will change on the First Premium Adjustment Date and on each ten year Policy Anniversary thereafter when a premium is due. The new premium will not exceed the Guaranteed Maximum Premium. Annual mode Guaranteed Maximum Premiums are shown below. Premium includes \$ 50.00 Annual Policy Fee.</p> <p>Guaranteed Maximum Premium Amount For Policy Benefit:</p> <p>\$ [97.50] for years 01 - 10 \$ [197.50] for years 11 - 20 \$ [424.75] for years 21 - 30 \$ [983.25] for years 31 - 35</p> <p>Premiums Payable - Until the Benefit Ceases Date. At Intervals of [12] month(s), computed from the Policy Date.</p> <p>CONVERSION PERIOD - The 60 days prior to each Premium Adjustment Date, but no later than Attained Age 60. The maximum age for conversion is Attained Age 60.</p> <p>FINAL CONVERSION DATE: [January 1, 2035] FINAL RENEWAL DATE: [January 1, 2040] FINAL EXPIRY DATE: [January 1, 2045]</p> <p>DIVIDENDS ARE BASED ON THE COMPANY'S DIVIDEND SCALE AND ARE NOT GUARANTEED. WE DO NOT EXPECT TO PAY ANY DIVIDENDS ON THIS POLICY.</p> <p>VALUATION METHOD: COMMISSIONER'S RESERVE MORTALITY TABLE: 2001 CSO Smoker or Nonsmoker Mortality Table, Age Last Birthday, Male/Female</p>					
<p>POLICY NUMBER: [000900050]</p> <p>POLICY DATE: [January 1, 2010]</p> <p>NAME OF INSURED: [John Doe]</p> <p>AGE AT ISSUE/SEX: [35 Male]</p> <p>ANNUAL PREMIUM: [\$ 97.50]</p> <p>[Semi-Annual Premium \$51.46</p> <p>Special Monthly \$8.73</p> <p>Premium Mode Payable \$97.50 Annual]</p> <p>OWNER: [John Doe]</p> <p>The owner and beneficiary are as stated in the application unless later changed.</p>					

GENERAL PROVISIONS

Definitions.

1.01 When We use the following words, We mean:

Age - means at any Policy Anniversary, the Insured's Age at the Insured's last birthday. Age is sometimes called Attained Age.

Cash Value - This Policy will never have a Cash Value.

Dividend Credits - The value of any earned dividends You have not cashed or used to pay Premiums. GPM does not expect to pay any dividends on this Policy.

He, His, Him - Will be taken to mean persons of either sex.

Home Office - The main office of GPM in San Antonio, Texas.

Indebtedness - Any debts due Us under this Policy.

Insured - The person whose life is Insured under this Policy. Usually, the Insured is the Owner of the Policy but not always.

Loan Value - This Policy will never have a Loan Value.

Nonforfeiture Options - This Policy will never have Nonforfeiture Options.

Policy - mean this Policy.

Policy Anniversary - means the same day and month as the Policy Date, for each succeeding year this Policy remains in force.

Policy Date - means the first instant of the date this Policy begins. This is the date from which Policy Anniversaries, Policy Years, Policy months, and premium due dates are determined. The Policy Date is shown on the Schedule Page.

Policy Year - means the period from the Policy Date to the last instant of the day before the first Policy Anniversary, and the period from each Policy Anniversary to the last instant of the day before the next Policy Anniversary.

Proceeds - The amount We must pay under this Policy's terms when the Insured dies.

Sum Insured - The amount of death benefit described or shown on the Schedule Page of this Policy. It applies only while this Policy is in full force. Terms, conditions and amount of death benefit may change if a Nonforfeiture Option has been exercised.

We, Us, Our - Government Personnel Mutual Life Insurance Company (GPM).

You, Your - The Owner of this Policy.

GENERAL PROVISIONS

Consideration for this Policy.

1.02 We insure the life of the Insured, in consideration of (a) the application and (b) premiums paid during the Insured's life as the Policy directs.

Entire Policy.

1.03 This Policy, including a copy of Your written application, is the entire contract between You and Us. In the absence of fraud, all statements made in Your application will be considered representations and not warranties. Only statements made in the application can be used to void this Policy or defend against a claim.

Can this Policy Be Changed?

1.04 Your Policy cannot be changed unless You agree to it. The change must be written. Only the President, a Vice President, the Secretary, an Assistant Secretary, the Actuary, or the Treasurer can make or change this Policy or waive anything in it.

What Are the Owner's Rights?

1.05 You may use and enjoy every right, privilege, option and benefit granted by this Policy or by Us. If the Insured is a minor, is not the Owner, and the Owner dies, ownership shall pass to the contingent Owner if any. If no contingent Owner is named, ownership shall pass in this order:

- (1) The custodial parent or parents, if living, with right of survivorship;
- (2) If not, the legal guardian of the estate of the Insured.

If the Owner dies after the Insured has reached the Age of majority, ownership will pass to the Insured if no contingent Owner was named.

Can Ownership Be Transferred?

1.06 You may transfer this Policy to a new Owner in a written form satisfactory to Us. Change of ownership is not good until We receive the written request at Our Home Office. The date of change will be the date the request was signed, even if the Insured is dead when We receive the request. But such change will be subject to any payment made or action taken by Us before We receive the request.

Can You Assign this Policy?

1.07 Your rights and the beneficiary's may be controlled by any assignment You make that We receive. We are not responsible for the assignment being valid or for its effect. But if a claim is made under the arrangement, there must be proof of interest and the extent of the interest.

Payments by the Company.

1.08 All payments by Us under this Policy are payable at Our Home Office in U.S. dollars.

BENEFITS PROVISION

Payment of Policy Proceeds.

2.01 We promise to pay the Proceeds of this Policy to the beneficiary, if We receive due proof of the Insured's death and due proof of the right of the claimant to the Proceeds of the Policy.

2.02 You will be required to give Us this Policy when settlement is made.

What Amount is Payable?

2.03 When We receive proof of the Insured's death, We will pay the Sum Insured with certain additions and deductions. We will add any dividend additions, accumulated dividends, unpaid dividends, Premium Deposit Funds, or any other death benefits payable. We will deduct any Indebtedness due Us.

Interest Will Be Added if Payment is Delayed.

2.04 If payment of the death benefit has not been made within thirty (30) days from the date We receive due proof of the Insured's death and due proof of the right of the claimant to the Proceeds, We will pay interest on the death benefit at the rate of 8.0% per year.

Who Will Receive Policy Proceeds?

2.05 The original beneficiary is named in the application. When the Insured dies, We will pay the Proceeds to the latest beneficiary named according to the terms of this Policy. If no named beneficiary survives the Insured, then the beneficiary will be the Owner, if living, and if not, the Insured. Otherwise We will pay the Owner's estate.

Can The Beneficiary Be Changed?

2.06 Unless this Policy provides otherwise, while the Insured is living, the beneficiary, may be changed by filing with Us a signed written request in a form satisfactory to Us. If an irrevocable beneficiary has been named and is still living, that person's written consent will be needed for any beneficiary change. Any change will not take effect until recorded by Us at Our Home Office. Once recorded, the change will be effective as of the date the request was signed, but this change will be subject to any payment or action We took before recording it.

Can We Contest this Policy?

2.07 We cannot contest this Policy after it has been in force during the lifetime of the Insured for two (2) years from the Policy Date, except for fraud, when permitted by applicable law in the state where the Policy is delivered, and/or non-payment of premiums.

If this Policy is reinstated, We cannot contest the reinstatement after this Policy is again in force for two (2) years from the effective date of reinstatement while the Insured is alive except for fraud when permitted by applicable law in the state where the Policy is delivered, and/or non-payment of premiums. We will rely on material representations made in the reinstatement application.

Does Suicide Make a Difference?

2.08 If the Insured commits suicide within two (2) years from the Policy Date, while sane or insane, We will pay in one sum the total of premiums paid less Indebtedness.

BENEFIT PROVISIONS - Continued

What if Incorrect Age or Sex of Insured is Given?

2.09 We can adjust the amount payable if the Age or sex of the Insured is misstated. The amount will be that which the most recent

premium would have bought at the correct Age or sex at the Policy Date. A premium and amount shall be extrapolated if the correct Age is outside the issue Age ranges of this Policy.

PREMIUM PROVISIONS

How Can Premiums Be Paid?

3.01 All premiums must be paid in advance to Us at the Home Office or to Our authorized agent. You may pay premiums annually, semi-annually or by an automated monthly mode. The premium for the mode You selected is shown on the Schedule Page. Upon request of the person paying premiums on this Policy, We will give a receipt signed by one of the GPM Officers listed in Paragraph 1.04 for each premium paid.

What if a Payment is Late?

3.02 A premium not paid on or before its due date is in default. But You have a grace period of thirty-one (31) days within which to remit payment after the first one. Any payment sent by U.S. mail shall be postmarked within the grace period. During that period, the Policy will remain in force. If You do not pay within that period, the Policy will be void, unless the Policy provides otherwise.

Can this Policy Be Reinstated?

3.03 You may reinstate this Policy within five (5) years of premium payment default, but not after the Insured's Age 70. The Insured must be alive at that time. You may do so in two ways:

- (1) You may reinstate within fifteen (15) days after the grace period has expired by paying the premium in default. Also, You must pay or reinstate any Indebtedness and pay interest on it at the rate of 6.0% per annum.

- (2) Thereafter but within five (5) years of the premium default, You may reinstate by doing the following:

- a) Write Us asking to reinstate the Policy;
- b) Give Us evidence of insurability as We require;
- c) Pay or reinstate any Indebtedness;
- d) Pay all past due premiums;
- e) Pay interest on (c) and (d) at the rate of 6.0% per annum.

Premiums Will Be Adjusted at Death.

3.04 If the Insured dies while someone is still paying premiums, We need premiums only through the month of death. We will refund any premium paid beyond that month; or deduct any premium due and unpaid; if the 31 day period in 3.02 has not ended, by adjusting the Proceeds

Advance Premiums Will Be Placed in a Premium Deposit Fund.

3.05 You may pay premiums in advance. You must pay them to Our Home Office. They will be put in a Premium Deposit Fund. The Fund will draw interest at a rate that We will set (2.0% or more per year). We will not accept more than the amount which will pay all future premiums.

3.06 We will charge any premium not paid at the end of the grace period against the Premium Deposit Fund. If the Fund is not enough to pay the premium due, then whatever is in the Fund will be paid.

PREMIUM PROVISIONS - Continued

3.07 You may take money from the Premium Deposit Fund at anytime. We will pay it to You if You tell Us in writing.

3.08 The rules of the jurisdiction in which We delivered this Policy shall overrule any of the above Fund provisions, if in conflict.

DIVIDEND PROVISIONS

When are Dividends Paid?

4.01 The company does not expect to pay dividends. Should dividends become payable and no election has been made within thirty (30) days of payment, We will pay the dividends to the Insured in cash.

How May Dividends Be Used?

4.02 We decide each year if We have a divisible surplus and how much Your share will be. Your share, if any, called a dividend, will be credited to Your Policy. This dividend will reflect the mortality, expense and investment experience of the Company and will be affected by any Policy debt during the Policy Year.

4.03 You may use Your Dividends in several ways:

- (1) Cash- We pay You in cash.
- (2) Reduce Premiums - You may use the dividends to reduce Your premiums.
- (3) Accumulation - You may leave Your dividends, if any, with Us to accumulate interest. We will set the rate each year but it will never be less than 2.0%. You can get the dividends, if any, plus interest on written request, or You can get them when the Policy terminates.

CONVERSION PROVISIONS

Regular Conversion.

5.01 You may convert this Policy during the conversion period shown on the Schedule Page, if no premium is in default. No proof of insurability is required to convert the coverage described on the Schedule Page. You may convert to the Simplified Issue Whole Life Policy written by Us in effect at that time. The Sum Insured must not be increased and will be

limited to \$35,000 or less. The class of risk must not increase. Such conversion may be made as follows;

The new Policy may be written as of the date of conversion. The Policy form and premium rate in use by Us on that date for the Attained Age of the Insured will be used. The new Policy will be subject to any assignment on this Policy.

CONVERSION PROVISIONS - Continued

Other Conversions.

5.02 Proof of insurability and Our consent will be required if the new Policy:

- (1) Involves insurance on another life; or
- (2) Includes an increase in the amount of insurance; or

(3) Includes an additional benefit, such as the Waiver of Premium Benefit, even if it was on the term Policy; or

(4) Will require less than five (5) annual premiums payable after the Policy is changed.

PREMIUM ADJUSTMENT PROVISIONS

Premium Adjustment Provision.

6.01 Premiums payable on the Date of First Premium Adjustment shown on the Schedule Page, and on each 10 year Policy Anniversary, thereafter, to and including the Final Renewal Date, are subject to change and any change will be by class. The adjustment in premium is based on future anticipated or emerging experience. The

experience factors upon which any indeterminate premiums are adjusted may include, but are not limited to investment earnings, mortality, persistency, taxes and expenses. We can never raise Your premium higher than the premium shown in the Guaranteed Maximum Premium for Policy Benefits shown on the Schedule Page.

SETTLEMENT PROVISIONS

When Can Settlement Options Be Used?

7.01 We will pay all or part of the Proceeds of this Policy under any of the Settlement Options below. However, payment is subject to any assignment You made of the Proceeds. You may elect or change any one of these options at any time while the Insured is alive. But You must tell Us at Our Home Office of the choice or change in writing.

7.02 At the time of the Insured's death, the beneficiary can elect one of the Settlement Options if You have not done so.

A Settlement Agreement is Required.

7.03 When the Proceeds become payable, We may require that You send Us this Policy. We will prepare a Settlement Agreement and send it to

the Payee. It will set forth the rights and the benefits of the Payee under this Policy.

Who May Receive Settlement Payments?

7.04 The person(s) who will benefit under an option will be the Payee(s). Normally a Payee must be a natural person taking in His own right. Exceptions must have Our consent to be named payees.

Proof that Payee is Alive.

7.05 Before We make payment under any option, We may require proof that the Payee is alive. If We require proof, then no payment is due until proof is received in Our Home Office.

SETTLEMENT PROVISIONS - Continued

When Are Installments Paid?

7.06 We will make the first payment under Option 1, 2, 3, 5 or 6 just as soon as We have approved the claim for settlement. The rest of the installments will be paid according to the type of payment selected.

What if Payee Dies?

7.07 If the Payee (surviving Payee under Option 5 or 6) dies before He receives all guaranteed installments under Option 1, 2, 3 or 5, We will pay His estate in cash the commuted value of unpaid installments. Any other type of payment must be approved by Us. In computing the value, We will use an interest rate of 2.0% compounded each year.

Is There Protection Against Creditors?

7.08 The Proceeds of payments due or to become due under an option may not be assigned. Unless provided in the election, the Proceeds may not be encumbered, alienated, anticipated, or commuted. They may not be withdrawn, except as provided in Option 4. To the extent allowed by law, the Proceeds not yet paid under an option will not be subject to the Payee's debts, Policy's or engagements. They will not be subject to any court process to levy upon or attach the Proceeds for their payments.

Excess Interest or Income Dividend.

7.09 Any amount held by Us under Option 3 or 4 shall earn interest at a rate set by Us (2.0% or more per year). Any guaranteed installment payments under Options 1, 2, 5 and 6 shall be increased by any Income Dividend that We declare.

What Options May Be Elected?

Option 1. Guaranteed Installments for a Fixed Period.

7.10 For each \$1,000 due, We will pay the Proceeds in equal monthly installments over a period of from 5 to 30 years. The installments will be as shown in the following table. The guaranteed interest is 2.00%.

Option 1. Table

Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments
5	\$17.49	20	\$5.04
6	14.72	21	4.85
7	12.74	22	4.67
8	11.25	23	4.51
9	10.10	24	4.36
10	9.18	25	4.22
11	8.42	26	4.10
12	7.80	27	3.98
13	7.26	28	3.87
14	6.81	29	3.77
15	6.42	30	3.68
16	6.07		
17	5.77		
18	5.50		
19	5.26		

Option 2. Life Income.

7.11 We will pay the Proceeds in equal monthly installments in any one of two ways:

- (1) We will pay during the life of the Payee (Life Annuity) if He is not less than Attained Age 50 when the payment begin.
- (2) We will pay over a period of 10 to 20 years certain. Then We will pay during the rest of the life of the Payee.

The amount of each installment depends on the Attained Age and sex of the Payee when the first installment is due. We will compute the installment for each \$1,000 due from the following table. The values in this table are based on the 2000 Individual Annuity Mortality Table with 2.0% guaranteed interest rate.

SETTLEMENT PROVISIONS - Continued

Option 2. Table

MONTHLY INSTALLMENTS PAYABLE						
Life Annuity		10 Years Certain and Life		Age of Payee	20 Years Certain and Life	
Male	Female	Male	Female		Male	Female
(Not available under age 50)		\$2.27	\$2.20	Under 15	\$2.26	\$2.20
		2.28	2.21	15	2.28	2.21
		2.30	2.23	16	2.29	2.23
		2.32	2.24	17	2.31	2.24
		2.33	2.26	18	2.33	2.26
		2.35	2.27	19	2.35	2.27
		2.37	2.29	20	2.37	2.29
		2.39	2.31	21	2.39	2.31
		2.41	2.33	22	2.41	2.32
		2.43	2.35	23	2.43	2.34
		2.45	2.36	24	2.45	2.36
		2.48	2.38	25	2.47	2.38
		2.50	2.40	26	2.49	2.40
		2.52	2.43	27	2.52	2.42
		2.55	2.45	28	2.54	2.44
		2.58	2.47	29	2.57	2.47
		2.60	2.50	30	2.60	2.49
		2.63	2.52	31	2.62	2.52
		2.66	2.55	32	2.65	2.54
		2.69	2.57	33	2.68	2.57
		2.73	2.60	34	2.71	2.59
		2.76	2.63	35	2.75	2.63
		2.80	2.66	36	2.78	2.65
		2.83	2.69	37	2.81	2.68
		2.87	2.72	38	2.85	2.71
		2.91	2.76	39	2.89	2.75
		2.95	2.80	40	2.93	2.78
		3.00	2.83	41	2.97	2.82
		3.04	2.87	42	3.01	2.85
		3.09	2.91	43	3.05	2.89
3.14	2.96	44	3.10	2.93		
3.19	3.00	45	3.15	2.98		
3.25	3.05	46	3.19	3.02		
3.30	3.09	47	3.24	3.06		
3.36	3.15	48	3.30	3.11		
3.42	3.20	49	3.35	3.16		
\$3.51	\$3.27	3.49	3.26	50	3.40	3.21
3.58	3.33	3.56	3.31	51	3.46	3.26
3.66	3.39	3.63	3.38	52	3.52	3.32
3.74	3.46	3.70	3.44	53	3.58	3.37
3.82	3.53	3.78	3.51	54	3.64	3.43
3.90	3.60	3.86	3.58	55	3.70	3.49
3.99	3.68	3.95	3.65	56	3.77	3.56
4.09	3.76	4.04	3.73	57	3.84	3.62
4.19	3.85	4.13	3.82	58	3.90	3.69
4.30	3.94	4.23	3.90	59	3.97	3.76
4.42	4.04	4.34	4.00	60	4.04	3.83
4.54	4.14	4.45	4.09	61	4.11	3.90
4.67	4.25	4.56	4.20	62	4.18	3.98
4.81	4.37	4.69	4.31	63	4.25	4.05
4.96	4.50	4.81	4.42	64	4.31	4.13
5.12	4.63	4.95	4.54	65	4.38	4.20

Option 2. Table- Continued.

MONTHLY INSTALLMENTS PAYABLE						
Life Annuity		10 Years Certain and Life		Age of Payee	20 Years Certain and Life	
Male	Female	Male	Female		Male	Female
\$5.29	\$4.77	\$5.09	\$4.67	66	\$4.45	\$4.28
5.48	4.93	5.23	4.80	67	4.51	4.35
5.67	5.09	5.39	4.95	68	4.57	4.42
5.88	5.27	5.54	5.10	69	4.62	4.49
6.10	5.46	5.70	5.25	70	4.68	4.56
6.33	5.66	5.87	5.42	71	4.73	4.62
6.58	5.88	6.04	5.59	72	4.77	4.68
6.85	6.12	6.22	5.78	73	4.81	4.74
7.13	6.38	6.39	5.96	74	4.85	4.79
7.44	6.66	6.57	6.16	75	4.88	4.83
7.76	6.96	6.75	6.36	76	4.91	4.87
8.11	7.29	6.93	6.56	77	4.94	4.90
8.48	7.64	7.11	6.76	78	4.96	4.93
8.88	8.03	7.29	6.97	79	4.98	4.95
9.31	8.44	7.46	7.17	80	4.99	4.97

Option 3. Installments of a Set Amount.

7.12 We will pay the Proceeds in equal or varied installments if You and We agree on the plan of payment. We will pay the installments until the Proceeds with interest thereon, are consumed. We will compute the interest at the rate of 2.0% compounded each year.

Option 4. Proceeds Left at Interest with Right to Withdraw Deposit.

7.13 The Proceeds may be left on deposit with Us to earn interest, but the Payee may make withdrawals unless prohibited in the election. Any sum withdrawn must be at least \$50. The Payee may leave the interest that the deposit earns to accumulate, or He may withdraw it. The interest that each \$1,000 earns for each withdrawal period is shown in the table below. The first interest payment will be made at the end of the period elected. We will measure the period from the date We approve the claim.

Frequency of Payment	Annual	Semi-Annual	Quarterly	Monthly
Amount Payable	\$20.00	\$9.93	\$4.95	\$1.65

SETTLEMENT PROVISIONS - Continued

7.14 When the Payee dies, any unpaid Proceeds under this option will be paid equally to the surviving members of the successive class of beneficiaries. If there are none, and You have not given Us other instructions, We will pay the rest of the Proceeds to the estate of the Payee.

7.15 Unless the right has been denied in the election, any Proceeds held under Option 4 may be applied under any other Settlement Option.

Option 5. Joint and Last Survivor Life Income

7.16 The Proceeds may be paid in equal monthly installments jointly to two Payees. We will pay for a period of ten (10) years certain, and then will continue to pay the same amounts while both are alive. After the death of one Payee, We will continue to pay the survivor until He dies. If either of the Payees fails to survive the date when the payments are due to start, this option then becomes void. Each Payee must submit to Us proof of Age before We will start to pay under this option.

7.17 The following table shows guaranteed monthly payments under this option. The table assumes equal Age of both Payees. Values for other Age combinations may be obtained from Us. The values in the table are based on the 2000 Individual Annuity Mortality Table with 2.0% guaranteed interest rate.

Option 5. Table

JOINT AND LAST SURVIVOR MONTHLY INSTALLMENTS PAYABLE			
Equal Age of Payees	Two Male Payees	Two Female Payees	One Male and One Female Payee
30	\$2.40	\$2.33	\$2.36
35	2.51	2.44	2.47
40	2.66	2.56	2.60
45	2.83	2.72	2.77
50	3.05	2.91	2.97
51	3.10	2.96	3.02
52	3.16	3.00	3.07
53	3.21	3.05	3.12
54	3.27	3.10	3.18
55	3.33	3.16	3.23
56	3.40	3.22	3.29
57	3.47	3.28	3.36
58	3.54	3.34	3.42
59	3.61	3.41	3.49
60	3.69	3.48	3.57

Option 5 Table - Continued

JOINT AND LAST SURVIVOR MONTHLY INSTALLMENTS PAYABLE			
Equal Age of Payees	Two Male Payees	Two Female Payees	One Male and One Female Payee
61	\$3.78	\$3.55	\$3.65
62	3.87	3.63	3.73
63	3.97	3.71	3.82
64	4.07	3.80	3.92
65	4.17	3.90	4.02
66	4.29	4.00	4.12
67	4.41	4.10	4.23
68	4.53	4.22	4.35
69	4.66	4.34	4.48
70	4.81	4.47	4.62
71	4.95	4.61	4.76
72	5.11	4.75	4.91
73	5.27	4.91	5.07
74	5.44	5.08	5.24
75	5.62	5.25	5.41
76	5.80	5.44	5.60
77	5.99	5.63	5.80
78	6.18	5.84	6.00
79	6.38	6.05	6.20
80	6.59	6.27	6.42
81	6.79	6.49	6.63
82	6.99	6.72	6.85
83	7.20	6.95	7.07
84	7.39	7.17	7.28
85	7.59	7.39	7.49
86	7.77	7.60	7.68
87	7.95	7.80	7.87
88	8.11	7.98	8.05
89	8.27	8.16	8.21
90	8.41	8.31	8.36
91	8.54	8.46	8.50
92	8.66	8.58	8.62
93	8.77	8.70	8.73
94	8.86	8.80	8.83
95	8.94	8.89	8.92
96	9.00	8.97	8.99
97	9.06	9.03	9.05
98	9.10	9.08	9.09
99	9.13	9.12	9.13
100	9.15	9.15	9.15

SETTLEMENT PROVISIONS - Continued

Option 6. Joint Life Income with Two-Thirds to Survivor.

7.18 The Proceeds may be paid jointly to two Payees in equal installments while both are alive. After one dies, We will reduce one amount of income payment to two-thirds of the initial installment amount. Then We will send the survivor that amount for the rest of His life. If either of the Payees fails to survive the date when payments are due to start, this option becomes void. Each Payee must submit to Us proof of Age before We will start to pay under this option.

7.19 The following table shows guaranteed initial monthly payments per \$1,000 of Proceeds for two male and two female Payees, or for one of each sex. The table assumes Payees of the same Age. You may obtain values for other Age combinations from Us. The values in the table are based on the 2000 Individual Annuity Mortality Table with 2.0% guaranteed interest rate.

Option 6. Table

JOINT AND TWO-THIRDS SURVIVOR MONTHLY INSTALLMENTS PAYABLE			
Equal Age of Payees	Two Male Payees	Two Female Payees	One Male and One Female Payee
30	\$2.53	\$2.44	\$2.48
35	2.68	2.56	2.62
40	2.85	2.72	2.78
45	3.07	2.90	2.98
50	3.35	3.14	3.24
51	3.40	3.19	3.29
52	3.47	3.25	3.35
53	3.54	3.31	3.42
54	3.62	3.37	3.49
55	3.69	3.44	3.56
56	3.77	3.51	3.63
57	3.86	3.58	3.71
58	3.95	3.66	3.80
59	4.05	3.74	3.88
60	4.15	3.83	3.98

Option 6. Table - Continued

JOINT AND TWO-THIRDS SURVIVOR MONTHLY INSTALLMENTS PAYABLE			
Equal Age of Payees	Two Male Payees	Two Female Payees	One Male and One Female Payee
61	\$4.26	\$3.92	\$4.08
62	4.37	4.02	4.18
63	4.49	4.13	4.30
64	4.63	4.24	4.42
65	4.77	4.36	4.55
66	4.92	4.48	4.68
67	5.07	4.62	4.83
68	5.24	4.76	4.98
69	5.42	4.92	5.15
70	5.61	5.09	5.33
71	5.82	5.27	5.52
72	6.03	5.46	5.72
73	6.26	5.67	5.94
74	6.51	5.90	6.18
75	6.77	6.14	6.43

Option 7. Settlement as Agreed.

7.20 We will pay the amount due in any manner that You or the Payee and We can agree upon.

BASIS OF VALUES

8.01 A detailed statement of the method of determining reserves and values under this Policy has been filed with the Insurance Supervisory

Official of the state where this Policy is applied for. All such values are greater than or equal to the minimum required by law in that state.

**POLICY
DESCRIPTION**

Ten Year Level Term Renewable to Age 70 Indeterminate Premium
Life Insurance Policy.
With Premium Adjustment Provision
Conversion Period, Final Renewal Date, Specified on the Schedule Page.
Premiums Payable To Date of Expiry.
Insurance Proceeds Payable At Death Prior to Date of Expiry.
Participating.
We Do Not Expect to Pay Any Dividends on This Policy.

This Policy is a legal contract. Read Your Policy carefully.

Policyholders' meeting held at Home Office annually on second Wednesday of April beginning at 9:00 A.M.

**FOR INFORMATION
OR TO MAKE A COMPLAINT,
CALL: 1-800-929-4765 OR 1-210-357-2222**

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
2211 N.E. Loop 410
San Antonio, Texas 78217**

**GPM LIFE BUILDING P.O. Box 659567
San Antonio, Texas 78285-9567**

APPLICATION FOR SECURE-PROTECTOR TERM LIFE INSURANCE**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY ("GPM Life")**

2211 N.E. LOOP 410, San Antonio, Texas 78217 • Telephone: (800) 929-4765 (210) 357-2222

www.gpmlife.com

For Ages 18 through 60, Age Last Birthday

Mail Policy to:

☐ Agent☐ Policyholder

1. Name of Proposed Insured (First, M.I., Last)			
2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Birthdate	4. Birthplace	5. Proposed Insured's Occupation
6. US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Social Security #	8. Height	9. Weight
10. Home Address of Proposed Insured City State/Country		Zip	Telephone Number
Best time to call _____ A.M. _____ P.M. Time Zone: <input type="checkbox"/> Eastern <input type="checkbox"/> Central <input type="checkbox"/> Mountain <input type="checkbox"/> Pacific			
11. Policy: <input type="checkbox"/> SECURE-PROTECTOR		12. Amount Applied for: \$	13. Premium Amount: \$
14. Premium Mode <input type="checkbox"/> Annual <input type="checkbox"/> SemiAnnual <input type="checkbox"/> Monthly EFT		15. Automatic Premium Loan (if available) <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Beneficiary(ies) Name Address City State/Country Zip Social Security # Relationship			
Primary (Class 1) _____			
Contingent (Class 2) _____			
*All beneficiaries in a class share equally, or to the survivor. Proceeds pass to Class 2 beneficiaries only if no one in Class 1 survives.			
17. Owner/Applicant, if other than the Proposed Insured:			
Name _____ Social Security # _____ Relationship to Proposed Insured _____ DOB _____			
Address: _____			
18. Physician(s) name, address and phone number: _____			
19. a. List any life insurance policy or annuity contract in force on Proposed Insured: Company _____ Issue Year _____ ADB _____			
b. Will the policy applied for replace or change any existing life or annuity policy or contract in any company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
c. Has the Proposed Insured ever been declined, postponed, rated or had an application issued other than as applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No			
20. Has the Proposed Insured used tobacco in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Circle each condition resulting in a "Yes" answer and provide details below.			
21. a. Is the Proposed Insured currently hospitalized, confined to a nursing home or hospice, receiving or been recommended to receive home health care, kidney dialysis, or oxygen? <input type="checkbox"/> YES <input type="checkbox"/> NO		27. During the past 24 months, has the Proposed Insured been treated or given medical advice by a medical professional, including office visits, medications or surgery for:	
b. Has the Proposed Insured ever been diagnosed by a physician as having Congestive Heart Failure or Cardiomyopathy or been told (s)he has less than 12 months to live? <input type="checkbox"/> YES <input type="checkbox"/> NO		a. Seizures or other neurological disorder, Major Depression, Schizophrenia, Psychosis, Bipolar Disorder or other psychiatric disorder? <input type="checkbox"/> YES <input type="checkbox"/> NO	
22. In the past 10 years, has the Proposed Insured been diagnosed by or received treatment from a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS); AIDS Related Complex (ARC); or tested positive for the Human Immunodeficiency Virus (HIV), or the antibodies to such virus? <input type="checkbox"/> YES <input type="checkbox"/> NO		b. Irregular heart rhythm, enlarged heart, or any other heart disorder? <input type="checkbox"/> YES <input type="checkbox"/> NO	
23. Does the Proposed Insured need any assistance performing activities of daily living (ADLs) such as eating, bathing, using the toilet, independently dressing, taking medications, or walking independently without the use of supportive devices? <input type="checkbox"/> YES <input type="checkbox"/> NO		c. Chronic Obstructive Pulmonary Disease (COPD), or other chronic respiratory disorder (excluding mild asthma requiring occasional inhaler use)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
24. During the past 24 months, has the Proposed Insured been treated or given medical advice by a medical professional, including office visits, medications or surgery for:		d. Lupus (SLE), Muscular Dystrophy, Multiple Sclerosis, or other neuromuscular disorder? <input type="checkbox"/> YES <input type="checkbox"/> NO	
a. Stroke, transient ischemic attack (TIA), heart attack, angina, or any procedure to improve circulation to the heart or brain? <input type="checkbox"/> YES <input type="checkbox"/> NO		e. Diabetes requiring medication other than insulin? <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. Organ transplant or recommendation to have an organ transplant? <input type="checkbox"/> YES <input type="checkbox"/> NO		28. During the past 5 years, has the Proposed Insured had a suspended or revoked driver's license or had 3 or more moving violations? <input type="checkbox"/> YES <input type="checkbox"/> NO	
c. Melanoma, internal cancer, or leukemia? <input type="checkbox"/> YES <input type="checkbox"/> NO		29. Has the applicant, Proposed Insured, proposed Owner or Proposed Beneficiary:	
d. Alzheimer's disease, dementia, Amyotrophic Lateral Sclerosis (ALS), or Parkinson's Disease? <input type="checkbox"/> YES <input type="checkbox"/> NO		a. entered into, or planned to enter in to, any agreement to sell any interest in i) the policy applied for, or ii) any other life insurance policy? <input type="checkbox"/> YES <input type="checkbox"/> NO	
e. Emphysema, liver disease, pancreatic disease, kidney disease, or kidney failure? <input type="checkbox"/> YES <input type="checkbox"/> NO		b. received, or been promised any inducement, fee, compensation, or loan as an incentive to i) the policy applied for, or ii) any other life insurance policy? <input type="checkbox"/> YES <input type="checkbox"/> NO	
f. Alcohol and/or drug abuse? <input type="checkbox"/> YES <input type="checkbox"/> NO		NOTICE: State insurance law may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a life insurance or annuity policy prior to the date the policy was issued, or within a period of time specified by state law after the date the policy was issued. You should consult with legal advisors if you have any questions about these matters.	
g. Diabetes requiring insulin or any diabetic complications including diabetic kidney disease, eye disorder, numbness in hands or feet, diabetic coma, insulin shock, or uncontrolled blood sugars? <input type="checkbox"/> YES <input type="checkbox"/> NO		Details to any "Yes" answers:	
25. During the past 10 years, has the Proposed Insured been convicted of a felony, been incarcerated, or been on parole or probation for any offense? <input type="checkbox"/> YES <input type="checkbox"/> NO			
26. During the past 12 months, has the Proposed Insured:			
a. Been admitted to or confined in a hospital two or more times? <input type="checkbox"/> YES <input type="checkbox"/> NO			
b. Been told by a medical professional that (s)he needs a medical procedure, diagnostic test, surgery, hospitalization, or nursing facility care that has not yet been completed? <input type="checkbox"/> YES <input type="checkbox"/> NO			
c. Been confined to a nursing facility or received home health care? <input type="checkbox"/> YES <input type="checkbox"/> NO			

For Home Office Endorsements:	Special Instructions/Requests:
-------------------------------	--------------------------------

AGREEMENT: I have read this application. I understand the questions and my answers, and I represent that all of the information given in it is true, complete, and correctly written to the best of my knowledge and belief. I understand that any misstatements as to the health or physical condition of the Proposed Insured that are material to the risk assumed may cause any policy issued to become void within the contestable period. It is agreed that:

- A. This application and any amendments or supplements to it will be relied on by GPM Life as the basis of any policy which may be issued. The signer(s) agree that a complete faxed copy of this document is equivalent to the original.
- B. Acceptance of a policy issued on this application will ratify any changes which may be noted in the section for "Home Office Endorsements." Written consent must be obtained for any change in the application, where required by law.
- C. Any policy issued by GPM Life, or applied for, shall not take effect unless the full first premium is paid and the policy is delivered to the owner during the lifetime of the Proposed Insured, and all the statements and answers given in the application continue to be true and complete. The Proposed Insured and Owner/Applicant must notify GPM Life of any material change in health or other risk factors taking place before policy delivery.
- D. NO AGENT, BROKER OR MEDICAL EXAMINER IS AUTHORIZED TO ACCEPT RISKS OR PASS UPON INSURABILITY, TO MAKE OR MODIFY CONTRACTS, OR TO WAIVE ANY OF GPM LIFE'S RIGHTS, CONDITIONS, OR REQUIREMENTS. ONLY AN AUTHORIZED OFFICER OF GPM LIFE CAN DO THESE THINGS.

BACKUP WITHHOLDING CERTIFICATION: (required to comply with Federal tax law): Under penalties of perjury, I (the proposed owner) certify that (A) my Social Security (Taxpayer Identification) number as shown in the Application is correct, and (B) I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (NOTE: You must cross out item B above if you have been notified by the IRS that you are currently subject to backup withholding.)

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION: I authorize any medical practitioner, hospital, clinic, mental health facility, facility for the treatment of alcohol, drug abuse, or AIDS, Veteran's Administration hospital, other medically related facility, employer, insurer, or its agent, reinsurer, the Medical Information Bureau, Inc. (MIB), government or law enforcement unit, consumer reporting agency, or other insurance support organization having information as to the mental or physical health, occupation, avocation, other insurance, character, habits, driving record, finances, or age of me, to give such information to GPM Life or its reinsurer(s) at any time, including after my death. I further authorize all said sources, except MIB, to give such information to any agent or insurance support organization acting for GPM Life or its reinsurer(s). Any information obtained will be used to determine eligibility for insurance coverage and benefits, and may be released by GPM Life to its reinsurer(s), the MIB, or other persons or organizations performing business or legal services in connection with my application or claim, or as may be otherwise lawfully required. I agree that a photocopy of this form will be as valid as the original. I also agree that this form will be valid for (1) 24 months from the date signed in connection with an application for issuance, reinstatement, or change of an insurance policy, or (2) the duration of a claim for benefits. I know that I, or a person authorized to act for me, may obtain a copy of this form. I acknowledge receipt of notices entitled "Information Practices" and "Medical Information Bureau, Inc." from GPM Life.

WARNING: Any person who knowingly and with the intent to defraud any insurance company, or other person, files an application for insurance or settlement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Proposed Insured's Signature X	Date	City & State Where Application Completed
Owner's/Applicant's Signature (If other than Proposed Insured) X	Date	City & State Where Application Completed

AGENT'S STATEMENT: I HEREBY CERTIFY that the answers given to the foregoing questions in this application are full, complete and true to the best of my knowledge and belief; that I know of no condition affecting the insurability of the Proposed Insured which is not fully set forth herein; that I carefully asked each question as written before recording each answer prior to the application being signed; that the Special Notices regarding Information Practices and the Medical Information Bureau, Inc. were given to the Proposed Insured. I further certify that I have interviewed the Proposed Insured face to face and witnessed the above signature(s): ☐ Photo ID verified Type of ID _____

(REQUIRED)

To the best of your knowledge:	Yes	No
A. Has the Proposed Insured any existing life insurance or annuity policy or contract?	<input type="checkbox"/>	<input type="checkbox"/>
B. Is the insurance applied for intended to replace or change any existing life insurance or annuity policy or contract?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to A or B is "Yes", attach completed replacement forms if required by your state.

X _____ Writing Agent's Signature	_____ Date	_____ Agent's Name (Please Print)	_____ State / License #	_____ GPM Life Agent #
--------------------------------------	---------------	--------------------------------------	----------------------------	---------------------------

RECEIPT FOR PAYMENT

Received from _____ Date _____
the sum of \$ _____. The payment is received subject to the conditions below. This receipt does not provide any insurance.

I certify that I have explained all of the terms of this receipt to the Owner(s)/Applicant(s), and Proposed Insured, if different.

Signature of Writing Agent

ALL CHECKS MUST BE MADE PAYABLE TO GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

This receipt is not valid unless it is signed by an agent of GPM Life. This receipt is not valid unless the amount paid with the application, if paid by check or draft, is honored on first presentation for payment. Any policy issued by GPM Life shall not take effect until the full first premium is paid, the policy is delivered to the owner during the lifetime of the Proposed Insured, the effective date of the policy has arrived, and all the statements and answers given in the application continue to be true and complete. The Proposed Insured and Owner/Applicant must notify GPM Life of any material change in health or other risk factors taking place before policy delivery.

NO AGENT, BROKER OR MEDICAL EXAMINER IS AUTHORIZED TO ACCEPT RISKS OR PASS UPON INSURABILITY, TO MAKE OR MODIFY CONTRACTS, OR TO WAIVE ANY OF GPM LIFE'S RIGHTS, CONDITIONS, OR REQUIREMENTS. ONLY AN AUTHORIZED OFFICER OF GPM LIFE CAN DO THESE THINGS.

NOTICE OF INFORMATION PRACTICES AND NOTICE REGARDING MEDICAL INFORMATION BUREAU, INC.

WRITING AGENT: This special notice must be detached and given to the Proposed Insured.

PROPOSED INSURED: PLEASE RETAIN THIS SPECIAL NOTICE FOR YOUR RECORDS.

INFORMATION PRACTICES: In most cases, the application is the only source of information required about the person(s) proposed for insurance. Occasionally, it is necessary to collect additional, personal information from other sources. Such information may, in some circumstances, be disclosed to third parties without your specific authorization, but only for certain limited purposes which we deem necessary to the conduct of our business. A right of access and correction exists with respect to any personal information we may collect. A notice providing a more detailed description of our information practices and your rights is available upon request.

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY • San Antonio, Texas 78265

MEDICAL INFORMATION BUREAU, INC: Information regarding your insurability will be treated as confidential. We, or our reinsurer(s), may, however, make a brief report thereon to the Medical Information Bureau, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734, telephone number (617) 426-3660. Information for consumers about MIB may be obtained on its website at www.mib.com. We, or our reinsurer(s), may also release information in our file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits is submitted.

SERFF Tracking Number: GPML-126888902 State: Arkansas
Filing Company: Government Personnel Mutual Life Insurance State Tracking Number: 47421
Company
Company Tracking Number: 59R TERM10
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Secure Protector 2010
Project Name/Number: Secure Protector 2010/Secure Protector 2010

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: Readability Certification.pdf Bulletin 15-2009.pdf Regulation 19.pdf Regulation 49.pdf		
Satisfied - Item: Application Comments: Application SP10 is attached under the Form Schedule Tab for approval.	Item Status:	Status Date:
Satisfied - Item: Sample SPCB Comments: Attachment: Scanned SPCB.pdf	Item Status:	Status Date:

02AR

ARKANSAS

SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

FLESCH SCORE

59R TERM10

55.7

SP10

55.7 The form was scored as part of the policy with which it may be used.

This is to certify that the above referenced form has achieved a Flesch Reading Ease Score, as indicated, and complies with the requirements of Arkansas Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

AR certification2

ARKANSAS


SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59R TERM10
SP10

On behalf of Government Personnel Mutual Life Insurance Company, I hereby certify that I have reviewed Bulletin 15-2009 and the form complies with these guidelines.



Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

AR certification1

ARKANSAS

SUBJECT -

Individual Life

X

Individual Annuity

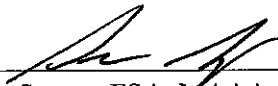
INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59R TERM10

SP10

This submission meets the provisions of Rule and Regulation 19, "Unfair sex discrimination in the sale of insurance" as well as all applicable requirements of this Department.


Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

AR certification3

ARKANSAS

SUBJECT -

Individual Life

X

Individual Annuity

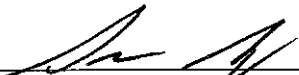
INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59R TERM10

SP10

On behalf of Government Personnel Mutual Life Insurance Company, I hereby certify that the company is in compliance with Regulation 49 in that we will issue a Life and Health notice to each policy owner.



Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

STATEMENT OF POLICY COST AND BENEFIT INFORMATION - POLICY SUMMARY

Ten Year Level Term Renewable to Age 70

Prepared for: [John Doe] Policy Number: [000900050]
Initial Sum Insured: [\$25,000.00] Policy Date: [January 1, 2010]
State: [TX] Issue Age: [35 MALE]
Initial Annual Premium: [\$97.50 ANNUAL] Plan Code: [SITY10]
Policy Class: [100% Standard No Tobacco]

END OF YEAR	-----ANNIVERSARY----- AT AGE	IN YEAR	GUARANTEED MAXIMUM ANNUAL PREMIUM	DEATH BENEFIT AT START OF YEAR
[1	[36	[2011	[\$ 97.50	[\$ 25,000
2	37	2012	97.50	25,000
3	38	2013	97.50	25,000
4	39	2014	97.50	25,000
5	40	2015	97.50	25,000
6	41	2016	97.50	25,000
7	42	2017	97.50	25,000
8	43	2018	97.50	25,000
9	44	2019	97.50	25,000
10	45	2020	97.50	25,000
11	46	2021	197.50	25,000
12	47	2022	197.50	25,000
13	48	2023	197.50	25,000
14	49	2024	197.50	25,000
15	50	2025	197.50	25,000
16	51	2026	197.50	25,000
17	52	2027	197.50	25,000
18	53	2028	197.50	25,000
19	54	2029	197.50	25,000
20	55	2030	197.50	25,000
21	56	2031	424.75	25,000
22	57	2032	424.75	25,000
23	58	2033	424.75	25,000
24	59	2034	424.75	25,000
25	60	2035	424.75	25,000
25	60	2035	424.75	25,000
30	65	2040	424.75	25,000
35]	70]	2045]	983.25	25,000]

Continued on back of page

THIS IS AN ILLUSTRATION ONLY. AN ILLUSTRATION IS NOT INTENDED TO PREDICT ACTUAL PERFORMANCE. INTEREST RATES, DIVIDENDS, AND VALUES SET FORTH IN THE ILLUSTRATION ARE NOT GUARANTEED EXCEPT FOR THOSE ITEMS CLEARLY LABELED AS GUARANTEED.

IN CASE OF A DISPUTE, YOU SHOULD REFER TO THE LANGUAGE CONTAINED WITHIN THE POLICY. THAT LANGUAGE WILL CONTROL.

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
GPM LIFE BUILDING, 2211 N.E. LOOP 410, P. O. BOX 659667, SAN ANTONIO, TEXAS 78266-9567
69RTERM10PS 1-800-929-4765

Page 1 of 2

Prepared on: 1/01/2010

STATEMENT OF POLICY COST AND BENEFIT INFORMATION - POLICY SUMMARY

Ten Year Level Term Renewable to Age 70

INSURANCE COVERAGE	INSURED	AGE	INITIAL BENEFIT AMOUNT	INITIAL ANNUAL PREMIUM
[SITY10 Basic Plan of Insurance	John Doe	35	\$25,000	\$97.50]

Life Insurance Interest Adjusted Cost Comparison Indexes per \$1,000 (Assumes that the time value of money is 5% per year):

	Guaranteed	
	10 Year	20 Year
Surrender Cost Comparison Index	[\$ 3.90	\$ 5.42]
Net Payment Cost Comparison Index	[\$ 3.90	\$ 5.42]
Equivalent Level Annual Dividend	[N/A	N/A]

An explanation of the intended use of the cost indexes and the Equivalent Level Annual dividend is provided in the Life Insurance Buyers Guide. Dividends are based on the Company's current dividend scale and are not guaranteed. N/A means that these values do not apply to this policy.

This statement provides general information about the basic plan identified on Page 1. For similar information about optional riders and benefits of the policy, refer to attached statements. Refer to provisions of the policy for answers to specific questions regarding premiums, benefits and options.

Any Questions -- Please contact your agent or the Home Office.

Agent: [20017 .. Roger Alexander
16607 Lafone Dr
Spring TX 77379-7508]

Phone:

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
GPM LIFE BUILDING, 2211 N.E. LOOP 410, P.O. BOX 658587, SAN ANTONIO, TEXAS 78265-8567
69RTERM10PS 1-800-929-4765

Page 2 of 2

Prepared on: 1/01/2010

000900050